



City of Fairfax
Fire Department
Office of Code Administration
10455 Armstrong St., # 208
Fairfax, VA 22030
703-385-7830 / fax 703-385-9265
permits@fairfaxva.gov

APPLICATION FOR FIRE PREVENTION CODE PERMIT

Fire Prevention Code(s) applying for: <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Place of Assembly <input type="checkbox"/> Place of Education <input type="checkbox"/> Service Station & Garages (Vehicle Repair) <input type="checkbox"/> Welding & Cutting <input type="checkbox"/> Application of Flammable Finishes <input type="checkbox"/> Storage / Use of Flammable & Combustible Liquids <input type="checkbox"/> Dry Cleaning Plant</div><div style="width: 50%;"><input type="checkbox"/> Tents & Air Supported Structures <input type="checkbox"/> Highly Toxic Solids or Liquids <input type="checkbox"/> Corrosives <input type="checkbox"/> Fireworks <input type="checkbox"/> Fumigation or Thermal Insect Fogging <input type="checkbox"/> Aerosol Products <input type="checkbox"/> Other _____</div></div>	
Amount Due:	
Business /Headquarters Name:	
Billing Address: <div style="display: flex; justify-content: space-between; margin-top: 10px;">____________________</div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;">STREETCITYSTATEZIP CODE</div>	
Tax-Exempt Organization? <input type="checkbox"/> Please submit supporting documentation.	
All conditions, surroundings and arrangements are to be in accordance with the Fire Prevention Code.	
I, _____, hereby accept full responsibility for the (SIGNATURE) adherence to all requirements of the Virginia Statewide Fire Prevention Code and the City of Fairfax Fire Prevention Code pertaining to the above application.	
Inspection Location: <div style="display: flex; justify-content: space-between; margin-top: 10px;">____________________</div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;">STREETCITYSTATEZIP CODE</div>	
Name of person making application: <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> <div style="font-size: x-small; margin-top: 5px;">PLEASE PRINT</div>	
Telephone: Day _____ Night _____ Emergency Telephone: _____	
Building Owner: _____	
Address _____ Telephone _____	
Date Received: _____ Permit Expires _____	
Permit No: _____	